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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |    | Application Number     | 09/642,492      |
|                                                                                         |    | Filing Date            | August 18, 2000 |
|                                                                                         |    | First Named Inventor   | Gary VAN NEST   |
|                                                                                         |    | Art Unit               | 1648            |
|                                                                                         |    | Examiner Name          | S. Foley        |
| Total Number of Pages in This Submission                                                | 19 | Attorney Docket Number | 377882000800    |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing - 2 pages<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply - 14 pages<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request - 1 page<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) - 1 page<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Receipt Postcard |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                              |          |        |
|--------------------------------------------|----------------------------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP (Customer No. 25226) |          |        |
| Signature                                  | <i>Debra J. Glaister</i>                     |          |        |
| Printed name                               | Debra J. Glaister                            |          |        |
| Date                                       | December <u>12</u> , 2005                    | Reg. No. | 33,888 |

|                                                                                                                                                                                                                                                                          |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 544974622 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                                                   |
| Dated: December <u>12</u> , 2005                                                                                                                                                                                                                                         | Signature: <i>Georgina Matos</i> (Georgina Matos) |



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
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|                                                                                                                                                                   |                    |                          |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-----------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |                    | <b>Complete if Known</b> |                 |
|                                                                                                                                                                   |                    | Application Number       | 09/642,492      |
|                                                                                                                                                                   |                    | Filing Date              | August 18, 2000 |
|                                                                                                                                                                   |                    | First Named Inventor     | Gary VAN NEST   |
|                                                                                                                                                                   |                    | Examiner Name            | S. Foley        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                         | Art Unit           | 1648                     |                 |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                                                                    | <b>(\$)</b> 760.00 | Attorney Docket No.      | 377882000800    |

|                                                                                                                       |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                       |                                                                                                 |
| <input type="checkbox"/> Check                                                                                        | <input type="checkbox"/> Credit Card                                                            |
| <input type="checkbox"/> Money Order                                                                                  | <input type="checkbox"/> None                                                                   |
| <input type="checkbox"/> Other (please identify): _____                                                               |                                                                                                 |
| <input checked="" type="checkbox"/> Deposit Account                                                                   | Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |                                                                                                 |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                                     | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee               |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                                     |

|                                                                                                                                                                                                                                                                                                                   |                    |                              |                                                         |                              |                                  |                              |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|---------------------------------------------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                    |                              |                                                         |                              |                                  |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                    |                              |                                                         |                              |                                  |                              |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b>                                      |                              | <b>EXAMINATION FEES</b>          |                              | <b>Fees Paid (\$)</b> |
|                                                                                                                                                                                                                                                                                                                   | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                                         | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> |                       |
| Utility                                                                                                                                                                                                                                                                                                           | 300                | 150                          | 500                                                     | 250                          | 200                              | 100                          |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                | 100                          | 100                                                     | 50                           | 130                              | 65                           |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                | 100                          | 300                                                     | 150                          | 160                              | 80                           |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                | 150                          | 500                                                     | 250                          | 600                              | 300                          |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                | 100                          | 0                                                       | 0                            | 0                                | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                    |                              |                                                         |                              |                                  |                              |                       |
|                                                                                                                                                                                                                                                                                                                   |                    |                              |                                                         |                              |                                  | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>       |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                    |                              |                                                         |                              |                                  |                              |                       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                    |                              |                                                         |                              |                                  | 50                           | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                    |                              |                                                         |                              |                                  | 200                          | 100                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                    |                              |                                                         |                              |                                  | 360                          | 180                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Claims</b>          | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                       |
| 37                                                                                                                                                                                                                                                                                                                |                    | - 42 = 0                     | x 25 =                                                  | 0.00                         | <b>Fee (\$)</b>                  |                              | <b>Fee Paid (\$)</b>  |
|                                                                                                                                                                                                                                                                                                                   |                    |                              |                                                         |                              | 180                              |                              | 0.00                  |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                    | <b>Extra Claims</b>          | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| 5                                                                                                                                                                                                                                                                                                                 |                    | - 5 = 0                      | x 100 =                                                 | 0.00                         |                                  |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                    |                              |                                                         |                              |                                  |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                              |                                                         |                              |                                  |                              |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Sheets</b>          | <b>Number of each additional 50 or fraction thereof</b> |                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>         |                       |
| - 100 =                                                                                                                                                                                                                                                                                                           |                    | /50                          | (round up to a whole number) x                          |                              |                                  |                              |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                    |                              |                                                         |                              |                                  |                              |                       |
|                                                                                                                                                                                                                                                                                                                   |                    |                              |                                                         |                              |                                  | <b>Fees Paid (\$)</b>        |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                    |                              |                                                         |                              |                                  |                              |                       |
| Other (e.g., late filing surcharge): 2401 Notice of appeal                                                                                                                                                                                                                                                        |                    |                              |                                                         |                              |                                  | 250.00                       |                       |
| 2253 Extension for response within third month                                                                                                                                                                                                                                                                    |                    |                              |                                                         |                              |                                  | 510.00                       |                       |

|                     |                   |                                   |                   |
|---------------------|-------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                   |                                   |                   |
| Signature           |                   | Registration No. (Attorney/Agent) | 33,888            |
| Name (Print/Type)   | Debra J. Glaister | Telephone                         | (650) 813-5725    |
|                     |                   | Date                              | December 12, 2005 |